# [Report 1960] / Medical Officer of Health, St Albans R.D.C.

### **Contributors**

St. Albans (England). Rural District Council.

### **Publication/Creation**

1960

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ST. ALBANS RURAL DISTRICT COUNCIL



# ANNUAL REPORT

OF THE

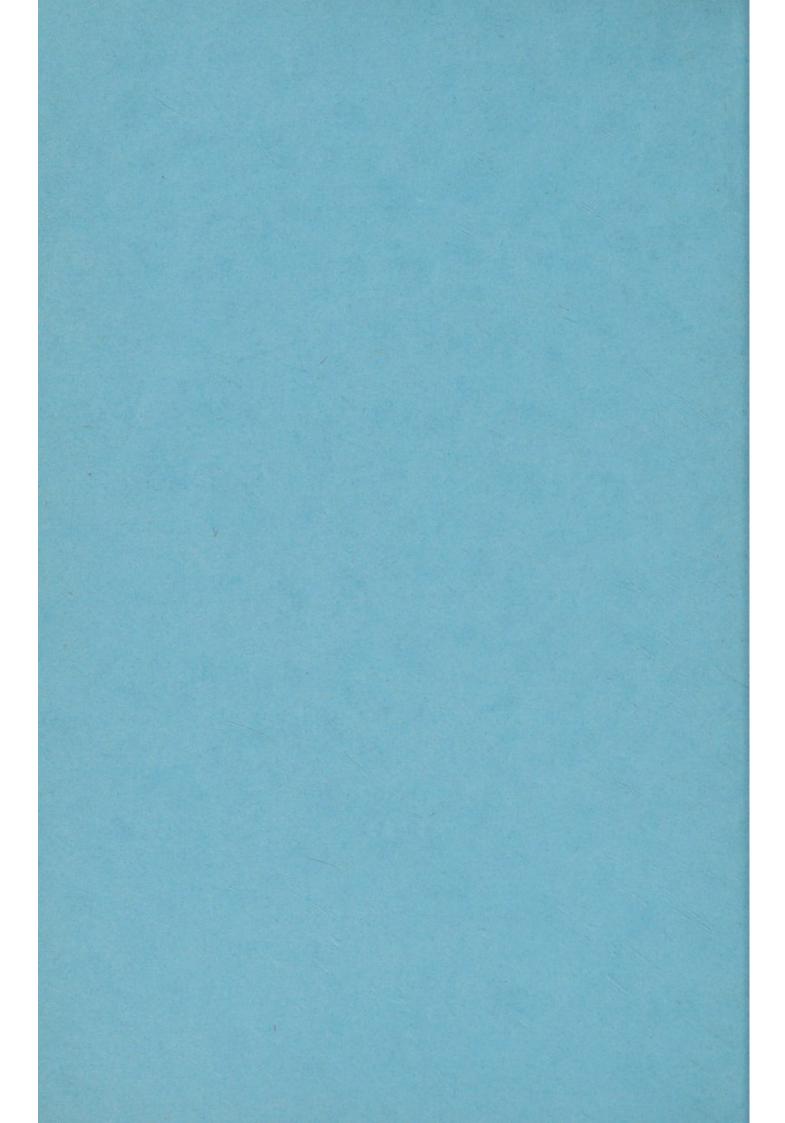
MEDICAL OFFICER OF HEALTH JAMES C. SLEIGH, M.B., Ch. B., D.P.H.

AND

THE SENIOR HEALTH INSPECTOR
DAVID J. GRAHAM, M.A.P.H.I., M.R.S.H.

FOR THE YEAR 1960

ST. ALBANS: PRINTED BY H. A. RICHARDSON, LTD.



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# PUBLIC HEALTH COMMITTEE

# ST. ALBANS RURAL DISTRICT

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Councillor W. Pitt (Vice-Chairman)
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JAMES C. SLEIGH, M.B., Ch.B., D.P.H.

Medical Officer of Health

DAVID J. GRAHAM, M.A.P.H.I., M.R.S.H.
Senior Public Health Inspector, Cleansing Superintendent

W. A. BEERE, M.A.P.H.I., M.R.S.H.

Additional Public Health Inspector

J. W. KENDALL, M.A.P.H.I.

Additional Public Health Inspector-Resigned 30.10.60

W. S. BIGGINS, M.A.P.H.I.

Additional Public Health Inspector-Appointed 1.11.60

A. G. PAINE Chief Clerk

MISS M. MORRIS

Shorthand-Typist/Clerk-Resigned 31.12.59

MRS. D. DAY

Shorthand-Typist/Clerk-Commenced 19.9.60

Health Department, 15 Hatfield Road, St. Albans.

To the Mayor, Aldermen and Councillors of the City of St. Albans and the Chairman and Councillors of the St. Albans Rural District Council.

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of the City of St. Albans and the St. Albans Rural District for 1960. As this will be the last opportunity I shall have of presenting, at any rate, a full report, I have added some comments, under the various headings, in regard to 1961 up to the 1st August.

I have now been a Medical Officer of Health for 30 years, in various parts of the country, and I feel very definitely that the time has come for a review of the Services provided under the Health Authority both at Government level and Local Government level. Some Services were started, and started for very good reasons, but these reasons have to a large extent disappeared and I would suggest that the time has come for a very careful re-appraisal of what Services are necessary and also what new Services should be provided. There is not an unlimited amount of money, or personnel, available for the Health Service and it would appear to be essential that this limited money and personnel should be used to the best advantage.

The shortage of personnel is particularly marked in the Nursing Services, especially midwives. Nurses can now obtain many other posts involving more or less fixed hours and easier conditions of work, e.g. factory nurses. Whether these are more essential than domiciliary nursing and especially midwifery, must be open to question. Midwives are having a very difficult time just now; the birth rate has gone up but the supply of midwives has not increased and they are all very hard pressed both in hospital and in the district.

In considering this question I would suggest that the Council should consider—"Would you provide such and such a Service, which is in existence now, if it was not in existence?" That is, is this particular Service essential? It is often very much easier to start a Service than to stop it; to stop any Service will certainly be opposed by at least some interested parties, but the Services cannot increase indefinitely without some pruning of redundancy, accord-

ing to the change of circumstances which has occurred during the last 30 years.

The treatment of maternity cases in hospital is causing very considerable worry. Ideally confinement is not a disease and should be dealt with in the patient's home. In the old days, before the invention of penicillin, there was undoubtedly considerably increased risk of puerperal fever in hospitals, then with the invention of penicillin, this practically ceased. Unfortunately Nature has a habit of hitting back. Penicillin and the other anti-biotics do hit most of the germs which cause puerperal fever but unfortunately it does not hit them all and, with the marked use of anti-biotics in hospitals, the remaining comparatively few germs have increased very markedly and these are unaffected by anti-biotics. We have now come to the stage when infection in hospital is causing us very serious worry and though not nearly so bad as it was before the penicillin era, there can be no reasonable doubt that where the home conditions are good and there are no medical reasons for hospital delivery, it is much better for the patient to have her baby at home.

There has been a considerable difficulty in dealing with caravans on unlicensed sites, in particular on Colney Heath Common. The legal position is very involved and it is by no means clear what powers the Council have in dealing with this. Caravanners may be divided into two main classes: (1) Genuine gypsies, who on the whole have proved to be very co-operative and quite willing to pay a reasonable site fee for their caravans, provided water and sewerage is made available. (2) The others: who vary tremendously from, what one might call the travelling holiday caravan, who are usually quite co-operative, to the vagrant, collecting anything they can lay their hands on for sale, such as scrap metal. These have proved to be very difficult. Their ideas of sanitation are crude in the extreme, and they are very inclined to use any convenient bush or stream for toilet purposes. This can give rise to a very serious Public Health problem, affecting not only those living in the caravans but, because of the danger of fly-borne disease, the immediate neighbourhood. I believe that the only satisfactory method of dealing with this problem is for properly laid-out sites, complete with water and some form of sewage disposal, be placed by the County Council, not the local District Councils, at such points as would appear to be necessary. Practically speaking, all local councils are inclined to the view that these people should be pushed out of their territory, but this does not solve the problem for the County or the country as a whole. If the County will undertake this, by no means easy task, local District Councils must be prepared to accept such caravan sites in their area, as the County Council may decide.

The general health of the district remained good and was remarkably free from epidemic disease, but in the early part of 1961 a very heavy, but mild, epidemic of measles took place, as was expected on the two year cycle.

To you, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen, I wish to record my sincere thanks for the consideration and help you have at all times shown to me, and to my staff I wish to record my sincere thanks for their able and conscientious performance of their duties.

I am also deeply indebted to the chief clerk, secretary and staff in the Divisional Health Office for their assistance in preparation of the statistics for this report, and for the many extra duties carried out by them during the year, which were actually outside their Divisional Health Office duties.

I have the honour to be,

Your obedient servant,

J. C. SLEIGH,

Medical Officer of Health.

Section A

# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

				St. Albans City	St. Albans R.D.C.
Registrar General's estimate Area (in acres) Number of inhabited houses				49,180 5,129	37,090 32,084
Dwelling Houses Shops with living accon Licensed Premises with	 nmodat	ion		15,099 311 75	9,422 87 59
Rateable Value			TOTAL	15,485 £949,380	9,568 £491,318
<b>Extracts from Vital Stati</b>	stics				
	St	. Alban	s City	St. Alt	oans R.D.C.
	M.	F.	Total	M.	F. Total
Live Births—	1000				
Legitimate	469	433 25	902 49	318 12	308 626 16 28
Birth Rate per 1.000 of the			di Milay	12	10 20
estimated population.			19.34		17.63
Stillbirths	9	8	17	5	6 11
Deaths Death Rate per 1,000 of the estimated resident	260	273	533	229	232 461
population			10.84		12.43

# **Birth and Death Rates**

Obviously the birth rate in any community will be affected by the percentage of women of child-bearing age and marital status in that community, compared with the average of the country as a whole.

Especially or even more so, a community with a high proportion of elderly people must have a higher death rate than one with few old people and many young ones.

In order to make comparisons between the rates in different areas and the country as a whole, the Registrar General has supplied "Comparability Factors" to be applied to these two rates so that comparisons can be made.

Applying these two factors to the City and R.D.C. gives the following results: —

	Crude Birth Rate	Comparable Birth Rate	Crude Death Rate	Comparable Death Rate
City	 19.34	18.57	10.84	10.95
R.D.C.	 17.63	18.34	12.43	8.58

# Deaths from Pregnancy, Child Birth, Abortion

Combined Rate ... ...

Neonatal Death Rate ...

St. A	lbans City			St. Albans R.D.C.					
Deaths	Rate per 1,0 (Total-live a Stillbirth	and		Deaths	Rate per 1,000 (Total live and Stillbirths)		nd		
_	-					-			
Deaths of In	fants under o	ne year	of age	•					
		St.	Alban	s City	St. Albans R.D.C.				
		M	F	Total	M.	F.	Total		
Legitimate		5	8	13	9	6	15		
Illegitimate		-7	-	- 1 d	1010-0	-	-		
	of Infants ear of age. s per 1,000								
live births				13.67			22.94		

The following table gives the Death, Birth and Infant Mortality Rates since 1947:—

17.45

9.17

11.57

DEATH RATE		BIRTH	RATE	INFANT		
					MORTA	ALITY
					RA	TE
Year	St. Albans					
	City	R.D.C.	City	R.D.C.	City	R.D.C.
1947	12.6	9.2	17.9	16.5	33.0	54.0
1948	10.2	6.98	17.2	14.54	19.2	18.1
1949	11.5	8.2	18.2	14.8	13.1	22.2
1950	11.3	7.7	16.3	13.2	33.3	22.5
1951	12.0	7.7	16.4	13.3	27.6	29.1
1952	10.6	6.8	16.5	12.8	27.1	8.1
1953	11.52	18.05	15.60	14.46	29.87	28.64
1954	10.83	17.74	15.43	14.48	18.54	16.59
1955	10.32	19.10	15.93	15.16	15.23	15.28
1956	10.99	19.31	16.31	14.43	15.77	19.78
1957	10.87	16.00	15.48	15.31	15.03	17.79
1958	10.51	13.63	16.90	17.29	22.25	18.46
1959	11.45	12.08	17.62	17.76	16.34	23.51
1960	10.84	12.43	19.34	17.63	13.67	22.94
1902	10.9		21.4		67.4	
1901	13,0		21.6		135.4	

# Causes of Death

	iuses of Death	St. A	Albans	St. A	lbans	
			City		D.C.	
		M.	F.	M.	F.	
1.	Tuberculosis, respiratory	_	1	1	_	
2.	Tuberculosis, other	_	_	-	_	
	Syphilitic disease	1		1	-	
	Diphtheria	_		_	_	
	Whooping Cough	-	1	-	-	a distance
6.	Meningococcal infections	-	-	_	_	
7.	Acute Poliomyelitis	-	-		_	
9.	Measles Other infective and parasitic	-	_	-	_	
10	diseases	_	_	_	2	
	Malignant neoplasm, stomach	5	3	9	1)	
11.	Malignant neoplasm, lung, bronchus	24	4	12		-
12	Malignant neoplasm, breast	24	10	13	1	Cancer
	Malignant neoplasm, uterus		3		2	168
	Other malignant and lymphatic		,		4	
200	neoplasms	20	27	22	12	
15.	Leukaemia, alukaemia	_		5	1	
16.	Diabetes	2	2 3	2	1	
17.	Vascular lesions of nervous sys-					
	tem	37	61	16	34	
18.	Coronary disease, angina	49	31	37	26	Heart
19.	Hypertension	3	11	3	6 }	Disease
	Other heart disease	25	41	25	43	300
22.	Other circulatory disease Influenza	12	9	8	23	
		15	-	-	1	
24	Pneumonia Bronchitis	15	8	27	34	
	Other diseases of respiratory	19	16	9	6	
20.	system		1	5	1	
26.	Ulcer of stomach and duodenum	5	1	_	1	
27.	Gastritis and enteritis, diarrhoea	1	î	_	1	
28.	Nephritis and nephrosis	3	î	4		
29.	Hyperplasia of prostate	7	_	5	_	
30.	Pregnancy, childbirth and abor-					
21	tion	_	_	_	_	
31.	Congenital malformations	3	1	3	4	
32.	Other defined and ill-defined					
22	diseases	13	28	20	21	
34	Motor vehicle accidents	6	-	8 5	1.	
35	All other accidents Suicide	6	7 3	5	5	The Control
36.	Homicide and operations of war	3	3	1	1	
20.	war	1		266	-,	
	TOTALS	260	273	229	232 }	994
	1011125 111				232	994
					-)	

Once again, the greatest single cause of death was, excluding heart disease, cancer. "Heart Disease" was chiefly a normal termination of life in old age—something which is inevitable, and most of the 300 cases would be more reasonably classified as "Old Age".

There has been considerable agitation for further propaganda and education in regard to Cancer, especially trying to get people to come early. Unfortunately we are not yet in a position to say that even the earliest case of Cancer can be cured and personally I am not keen on propaganda which is not entirely truthful. If we could say that "If you will come up early we will cure you", I should be all in favour of carrying out this propaganda, but unfortunately this is not the case.

Vital Statistics, 1960 — England and Wales

Provisional figures based on Quarterly Returns of Registrar General.

BIRTHS		
Live Births (per 1,000 total population)		 17.1
Stillbirths (per 1,000 total live and stillbirths)		 19.7
DEATHS		
All Causes (per 1,000 total population)		 11.5
Infants and - 1 ( 1 000 1 1 1 1 1 1 1 1 1		 21.7
Maternal Mortality (per 1,000 total live and stillbirth	ns)	 0.39
Neonatal Death Rate (per 1,000 related live births)		 15.6

This table is included to enable comparisons to be made between local rates and national rates, but in dealing with the relatively low numbers from which local rates are calculated, one must be very cautious about drawing conclusions.

Number of Deaths and Death Rate from Tuberculosis and Cancer, 1960

The provisional numbers of deaths and death rate per million population for England and Wales during the year 1960 are as

follows:—	Males	NUMBE Females		RATE Males Females Person		
Respiratory Tuberculosis	2,332		3,094	106	32	68
Other Tuberculosis	1.60	172	332	7	7	7
Cancer of lung and						
bronchus	18,876	3,116	21,992	855	132	481
Other cancer	33,882	42,817	76,699	1,535	1,808	1,676

Average Age at Death  Harpenden U.D.C		St. A	lbans .B.	St. Al		St. Albans Health Division (Excluding Elstree R.D.)		
	M.	F.	M.	F.	M.	F.	M.	F.
All De	aths							-
1953	69.05	68.10	63.41	69.09	62.89	70.05	63.95	69.39
1960	64.66	71.21	67.24	71.32	62.86	70.90	65.08	71.14
Excludinfants year of	ing death under 1	ns of						
1953	72.73	69.92	66.58	71.39	64.74	71.40	66.62	71.20
1960	69.06	74.95	68.59	73.52	65.44	72.71	67.42	73.38

ANALYSIS OF INFANT MORTALITY (Combined figures for two authorities)

		TAX THE REAL	Trail In									
700000000000000000000000000000000000000		Total under 1 year	10		1	15	63			67	8	28
-		9 and under 12 months				2	1	1	-	-	-	00
		6 and under 9 months	Paris			2		-	1	+		2
	-	3 and under 6 months		-	1	1	-		-	1		60
,	AGE AT DEATH	1 and under 3 months		!		1		1			2	00
	AGE ,	Total under 1 month	10	-		- 6		1		2	11	17
-		3 and under 4 weeks								1		
		2 and under 3 weeks	1									1
		1 and under 2 weeks				2						2
		Under 1 week	41			1				2	1	14
			:	;	:	:	:	:	:		:	:
			:	:	;	:	:					:
		eath				su		:	:		:	
		of, I	:	:	:	matio	:	:	:	:	:	
		Cause of Death	Prematurity	Gastro Enteritis	Pneumonia	Congenital Malformations	Infection	T.B	Whooping Cough	Difficult Labour	Other Causes	All Causes

It will be noticed that of the 28 deaths under one year of age, 15 were due to congenital conditions, 14 of them living less than one week. Several of the 15 lived only a matter of minutes. Some 30 years ago the chief cause of death under one was marasmus but over the last few years this has ceased.

# Section B

# GENERAL PROVISIONS OF THE HEALTH SERVICES FOR THE AREA

# Welfare Centres and Clinics

Bricket Wood-The Scout Hut, Black Boy Wood

Infant Welfare 2nd and 4th Tuesdays 2-4 p.m.

Colney Heath—The Pavilion

Infant Welfare ... 1st and 3rd Tuesdays, 2.30-4 p.m. Minor Ailments treated in children's own homes or at local school.

Harpenden—Memorial Hospital (Harpenden 3696)

Ante-Natal ... Mondays, 2-4 p.m.

Orthopaedic Saturdays, a.m. (Surgeon attends once monthly.)

40 Luton Road (Harpenden 40)

Ophthalmic Mondays, 10 a.m.-12 noon.

(By appointment.)

Minor Ailments 2nd Wednesday in month 9 a.m.-12 noon

(Dr. attends).

Speech Therapy Tuesdays, 9.30-12 noon; 2-4 p.m.

(By appointment.)

Infant Welfare 1st and 3rd Wednesdays, 1.45-4.30 p.m.

Dental Tuesdays, 10.30 a.m.-12 noon.

Thursdays 10.30 a.m.-12 noon; 2-4 p.m. Fridays, 10.30 a.m.-12 noon; 2-4 p.m.

(By appointment.)

Batford J.M.I. School, Pickford Hill

Infant Welfare 2nd and 4th Wednesdays, 1.45-4.30 p.m.

London Colney-Primary School, Alexander Road

Speech Therapy Mondays and Wednesdays, 9.30 a.m.-12 noon.

Minor Ailments Fridays, 9.30 a.m.-12 noon. (Dr. attends 2nd and 4th.)

Infant Welfare Thursdays, 1.45-4.30 p.m. (Dr. attends 1st and 3rd.)

Infant Welfare 2nd and 4th Tuesdays, 2.30-4.30 p.m. ...

Minor Ailments treated 8.15-8.30 a.m. and 6.15-6.45 p.m. at nurse's residence, 18 Bettespool Meadows (Redbourn

St. Albans-Village Hall, Park Street

Redbourn—Congregational Hall

Infant Welfare 2nd and 4th Mondays, 1.30-4 p.m.

Mandeville J.M.I. School

Infant Welfare 1st and 3rd Thursdays, 2-4 p.m. ...

Margaret Wix Health Annexe—High Oaks (St. Albans 56994)

Infant Welfare Wednesdays, 1.30-4 p.m. . . . (Dr. attends 1st and 3rd.)

Wednesdays, 9.30 a.m.-12.30 p.m. Speech Therapy Dental Monday a.m. and p.m. (weekly).\*

Friday a.m. and p.m. (weekly).\*

\*By appointment.

# Wellington Court, Bricket Road (St. Albans 50421/2)

Immunisation and

Minor Ailments Mondays, 9 a.m.-12 noon. (Dr. attends 9.30 a.m.)

Dental Monday, Tuesday, Wednesday, Thursday and

Friday, 9.30 a.m.-12.30 p.m.
Saturdays, 9.30 a.m.-12 noon (alternate).
Monday, Tuesday, Wednesday, Thursday and

Friday, 2-5 p.m.

Orthoptic Thursday and Friday, 9 a.m.-12 noon; 2-4.30

p.m.

Ophthalmic Tuesday and Friday, 10 a.m.-12 noon.

Speech Monday, Wednesday and Thursday, 9.30 a.m.-

12.30 p.m.

Monday, Wednesday and Thursday, 1.30-4.30

p.m.

Ante-Natal ... Wednesday, 2-4 p.m.

Infant Welfare Tuesday and Friday, 1.30-4 p.m.

(Dr. attends Friday.)

Foods issued Tuesday and Friday.

# Bricket House, Bricket Road (St. Albans 55431)

Orthopaedic

Monday, Wednesday, Friday, all day. Surgeon attends 3rd Wednesday and 2nd Friday, p.m.

# Osterhills Hospital, Normandy Road (St. Albans 52211)

V.D. (Women) Tuesday, 5-7 p.m.; Friday, 2-4 p.m.

V.D. (Men) Tuesday, 5-7 p.m.; Friday, 10 a.m.-12 noon.

Post-Natal ... Wednesday, 11 a.m.

Chest Clinic Tuesday, 10.30 a.m. (children).

Monday, 2 p.m. (St. Albans patients).

# Hill End Hospital (St. Albans 55555)

Child Guidance ... Mondays to Fridays a.m. and p.m.

# Sandridge—The Parish Hall

Infant Weighing ... 2nd and 4th Tuesdays, 2.30-3.30 p.m.

# Shenley

Minor Ailments treated at school.

# Wheathampstead-Mead Hall, East Lane

Infant Welfare 2nd and 4th Fridays, 2.30-4 p.m.

(Dr. attends 3 p.m.)

Minor Ailments treated 8.30-9 a.m. at nurse's residence, 5 Brewhouse Hill (Wheathampstead 3123).

The original plan for the provision of Health Centres in and near the City is approaching fruition. The new Health Centre at Mandeville school should be opened about Christmas, 1961, Skyswood about Easter, 1962, and Cunningham Hill about July, 1962. This will give, along with the new Health Centre to be built as part of the new Civic Centre, a very good cover for the County Health Services in the City and its immediate surroundings.

It is difficult to estimate, especially with the freeze in expenditure, when the Civic Centre clinic will be opened but I hope within two or three years. When the new clinic is built Wellington Court will be demolished and on the site thereof will be erected a new Day Nursery. This is certainly the most suitable site that could possibly be found for a Day Nursery and will at last solve the problem of dispensing with the present Day Nursery at Fleetville I would like to record my thanks to the City Council for their consideration in allowing us to continue the use of Fleetville for so long.

# National Health Service Act

The Divisional Administration of the Health Services administered by the Local Health Authority, the County Council, continues to work very smoothly and an increasing amount of detailed administration is being passed out to Divisional Health Offices from Hertford.

The records available in the Divisional Health Office on Local Health Authority work are of the greatest value to me in my Local Sanitary Authority (Medical Officer of Health) work, especially in what is my most difficult job, assessing medical points for housing applications.

Every ambulance journey exceeding 50 miles outwards has to be sanctioned by me as Divisional Medical Officer, and I can assure you that the case is investigated very carefully indeed before consent is given.

# **Ambulance Service**

I am grateful to Divisional Officer Gunnett for the following report:—

During the year 1960 the directly provided Ambulance Services at St. Albans and Harpenden carried 29,568 patients and covered 163,691 miles but their area of responsibility includes not only the City and greater part of the rural District but some part of the Hemel Hempstead Rural District (The Markyate area). The Hospital Car Service were also employed, being very useful and helpful in relieving the Brigade of many runs to London Hospitals.

The work of converting the Ambulances and sitting vehicles from petrol to diesel propulsion has progressed during the year, showing a great saving on fuel consumption. One new Ambulance, designed for diesel fuel has been delivered. As Daimler no longer make ambulances the Brigade is experimenting with a Dennis dual-purpose model which can act as an emergency appliance for recumbent patients but may be quickly adapted to a 10-seater sitting vehicle. So far this experiment is working well.

# Hospitals

I am indebted to Mr. E. J. Burgess, Secretary, Mid-Herts Group Hospital Management Committee, for the following information:—

The allocation of beds is as follows:

nocation of	ocus is	as 101	nows.			
Of linearity					St	. Albans City Hospital
Surgical				 		60
Medical				 		83
Orthopaedic				 		44
Paediatric				 		40
Geriatric				 		78
Maternity				 		23
Gynaecologi	cal			 		26
Recovery W				 		12
Infectious I	Diseases			 		18
Private Win	g—					
Section	5 Beds			 		4
Section	4 Beds			 		6
				Total		394
In-patient D	ischarg	es		 III.		7,282
Total Out-pa	atient A	Attenda	inces	 		48,325
Casualty				 		22,313
X-Ray Depa	rtment	Total	Units	 		56,896
Physiotherap				 		31,660
						- 1,000

# School Medical Service

This service continues to work very smoothly, due largely to the help and co-operation received from Head Teachers. I have been very impressed by the interest taken by parents and in about 75% of the examinations, one of the parents has been present.

The innovation of calling parents up when their children are re-examined following a defect found at a previous examination has proved to be very valuable and is, I believe, thoroughly appreciated by the parents. The attendance of parents at such examinations is very good indeed. It was considered that this might overload the School Medical Officers, in that it would possibly take more time to deal with each individual case, but in practice we find

that by calling the parents we do not have to call the children so often, and this fully balances the apparent disadvantage.

Medical inspections in schools undoubtedly cause considerable interruption in the normal life of the school and I would like to record my sincere thanks to Head Teachers for their co-operation in this. In two schools in the area, one in Boreham Wood and one in St. Albans, we tried the experiment of holding the medical inspections just before the opening of the schools after Christmas and after Easter, to try and obviate disturbance to the school routine. We were rather worried as to whether attendances would be satisfactory if we did the school medical examinations before the opening of the school, but found that the attendances were just about the same as if we had done them during the school term; there are always some absentees, due to sickness, etc., but the percentage was not noticeably increased.

# Milk and Meals in Schools

These are of a very high standard and a well worth while investment. Washing facilities appear adequate in most cases and food preparation rooms and kitchens clean, though space is often limited.

# Health Visiting

There are 21 health visitors in the St. Albans Division of Hertfordshire. They are employed for the visiting of persons in their homes for the purpose of giving advice as to the care of young children, old persons, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

# Nursing Homes and Old People's Homes

There are four Registered Nursing Homes in this area, and nine Registered Old People's Homes. All are regularly inspected.

# Section C

# SANITARY CIRCUMSTANCES OF THE AREA

# Water Supplies

See Public Health Inspector's Report.

# **Drainage and Sewerage**

See Public Health Inspector's Report.

# **Swimming Baths**

The public swimming baths in the area—one in the City and two in the Rural District—have at all times been well maintained. Continuous filtration and chlorination is carried out at all three and the bacteriological results, which are checked frequently throughout the summer have proved very satisfactory.

# **Public Baths**

These have been going now for over ten years and undoubtedly provide a much-needed service. I have always emphasised that this service is a Public Health service and cannot be expected to be financially self-supporting, but the increasing numbers using the baths suggest that the gap between income and expenditure will decrease, but it will, I am sure, never close. To put up the charges would, I feel sure, increase not decrease the gap.

# Mortuary

The following bodies we	ere rem	oved to	the mo	ortuary	
Adult—Males					 74
Females					 32
Children—Males					 4
Females					 2
Number of Post Mor	tems				104

Agreement in principle has been arrived at with the Management Committee of St. Albans Hospital, that when the new Civic Centre gets so far as to require the demolition of the present mortuary, the Hospital will provide mortuary facilities not only for their patients but for the district as well. A contribution towards the cost will be made by the Council.

# **General Nutrition**

Poor nutrition is rare and often is the result of fussing parents indulging in food fads. Underweight children often are of small birth weight, or have small parents.

# Nursing in the Home

The District Nursing Sisters are available for all cases of domiciliary nursing, which includes Midwifery and General Nursing and in all cases where there is illness in the home and where a request is made personally or at the request of the doctor in attendance.

# **Home Help Service**

This service is administered by the Herts County Council and provides domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged. or a child not over school age within the meaning of the Education Act 1944.

The Organiser, who is a member of the Divisional Health Office staff, receives requests from doctors, health visitors, midwives, hospital almoners and welfare organisations, but these requests must be backed up by a medical or a nurse's certificate. No one is denied help on financial grounds and every case can be assessed according to the family income.

The service is proving extremely popular. So much so, in fact, that we are unable to provide all the home help that is desired because we cannot get sufficient numbers of Home Helps. This is particularly difficult in the period Christmas—Easter when, of course, illness is at its height and one must remember that illness affects Home Helps as well as other members of the community.

# Section D

# HOUSING

Rehousing is still the greatest problem confronting the two Councils. Both use a points scheme, and in addition all certificates from medical practitioners requesting priority for any of their patients are submitted to me as Medical Officer of Health. I have the power to allocate additional points on medical grounds without disclosing my reason for doing so. In extreme cases I also have the power of giving absolute priority, but this power I am very unwilling to use as, of course, if this power were abused it would ruin the whole points scheme, with which I am completely in favour.

The duty thus imposed on me is a very difficult one, and I have no doubt that on occasions I shall make mistakes, but I can assure both Councils that I shall do my utmost to make their housing scheme work as fairly as is humanly possible, bearing in mind the very large and urgent demand for houses.

Points are allotted independently of me for such conditions as overcrowding. I therefore never give points for conditions which already attract points under the Housing points scheme

# Section E

# INSPECTION AND SUPERVISION OF FOOD

# **Food Poisoning Outbreaks**

The following food poisoning outbreaks and isolated cases were reported:—

ST. ALBANS CITY

ST. ALBANS R.D.C.

1 Single case (Typhi-Murium)

1 Single case (Butantan)

2 Single cases (Untyped)

### Section F

# PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

# Notifiable Diseases (other than Tuberculosis) during 1960

				St. Alb	ans City	St. Al	bans R.D.C.
			N	Notified	Deaths	Notifie	d Deaths
Scarlet Fever				18		35	_
Whooping Cough				87	-	35	
Measles				85	_	93	_
Pneumonia				13	_	_	_
Erysipelas				1	_	5	-
Food Poisoning				3	_	1	_
Infective Hepatitis				8	_	2	_
Puerperal Pyrexia				4	_	_	_
Meningococcal Inf	ection			-	_	_	_
Poliomyelitis (Para					_	1	
Poliomyelitis (Non		tic)		-	-		INCOME.
Dysentery				31	_	25	_
Acute Encephalitis				_	-	1000	_
Ophthalmia Neona				1	_	1917	
-							

# **Poliomyelitis**

There was one case of poliomyelitis, paralytic. The infection, undoubtedly in this case, arose outside the area as the case had just moved in from abroad.

Poliomyelitis vaccination is now available to all up to the age of 40 and the response to open sessions has been very good, embarrassingly so on one occasion when 650 turned up on a Saturday morning.

Research is going on all over the world on two different lines:

(1) To produce a combined vaccine (diphtheria, whooping cough, tetanus and poliomyelitis). The difficulty I foresee in this is that whooping cough vaccination should be done very early, about two to three months, whereas poliomyelitis vaccination is not effective under the age of seven months. (2) A living virus but attenuated so that it is harmless, has been extensively used in America, Russia

and, under close control, in this country. So far the difficulty, in this country at any rate, has been that although the virus is harmless to the person it is given to, sometimes it becomes virulent on passing through that person and can give rise to cases of definite poliomyelitis in others, but this difficulty appears to be on the way to solution. One possible advantage in vaccination by this form is that it is given by mouth and not with a syringe.

The principle of living, non-virulent vaccines is very old, vaccination against smallpox is one, but of course it is absolutely necessary to be sure that there is no risk of provoking the real disease.

# Winter Sickness

Winter sickness continued off and on during the year. A considerable outbreak occurred on the children going back to school or entering school for the first time in September. It was by no means confined to the old type of school such as Bernards Heath, but was very marked at Windermere and Margaret Wix Infant.

Swabbing results of nose and throat were the same as reported in my last report, that is where the swabs were taken within 48 hours of the onset of sickness, the nose swabs were positive for staphylococcus. We therefore arranged that all children in two classes of one school would be swabbed in the first day or two of the Spring Term, 1961. We would then compare the swabs with cases of winter sickness which developed within the first few weeks. Unfortunately, or possibly fortunately according to the point of view, there were no cases of winter sickness in January, 1961, so this experiment proved to be of no avail. However, in early May of 1961 a few cases occurred in Bernards Heath school and we were able to get swabs from them and, with the very kind co-operation of the parents, samples of blood and faeces for examination for virus. Blood and swabs of faeces have proved to be negative for virus but the numbers involved were very small.

On the whole, therefore, I am still inclined to the view that the most probable cause of winter sickness is infection by some group of staphylococci, though this of course cannot be considered in any way proved yet. In order to clarify the position a little I append a statement of the symptoms which we consider to be diagnostic of winter sickness.

- 1. Lethargy and/or irritability for a day or two days before:
- 2. Feeling of chilliness immediately preceding and during:
- 3. Sudden vomiting and/or diarrhoea. Happens at night in \( \frac{2}{3} \) of cases.
- 4. During whole period a silvery pallor (yellowish behind ears and sometimes over temples) is most noticeable.

- 5. Pains in stomach and/or abdomen precede, accompany and often follow the attack of vomiting/diarrhoea. Distension of stomach area and abdomen is noticeable in most cases. Much "wind".
- 6. Yellow motions, dark urine\* noted in most cases. \*Difficult to check with older children.
- 7. Phlegm and colourless slime is typically brought up in vomiting. Sometimes noted in motions.
- 8. Lethargy and irritability continue for as long as a month after attack in some cases.
- 9. Repeat attack (if at all) within 21 days.

# Tuberculosis

# CASES ON REGISTER AT 31st DECEMBER, 1960

	PULM	IONARY	NON-PU	LMONARY	
St. Albans City St. Albans R.D	Male 244 (229) 164 (162)	Female 141 (133) 126 (127) 267 (260)	Male 16 (19) 11 (11)	Female 18 (18) 15 (16) 33 (34)	Total 419 (399) 316 (316) 735 (715)
	Figures of	21 12 50	'- L		

Figures at 31.12.59 are in brackets.

The increases are, I believe, due to more intensive search for cases, e.g., Mass Radiography, and the better co-operation of other Local Authorities in notifying to us their cases moving into our district. I do not think the disease is, in fact, increasing.

Smallpox

There were no cases during 1960.

# Vaccination

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

# NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED) DURING 1960

		Age	s at 31s	t Decen	nber	
	Under 1	1	2-4		15 and	Total
Number vaccinated	1,642	81	44	50	over 56	1,873
Number re-vaccinated Number of cases specially	reported.	during -	6	25	124	155
above)						Nil
Number of births registere	d for the	St Alba	ne Divi	sion		2,461
Primary vaccination rate p	er 100 bir	ths				76.13

Of the total number of primary vaccinations (1,873), 808 were done at County Council Clinics.

The primary vaccination rate of 76.1 per 100 births is down on

last year (81.4).

I strongly advocate vaccination before the age of 1 year when the risks involved are negligible. Many people in later life find they must be vaccinated either to travel abroad or take up some employment where vaccination is insisted upon. The risks in vaccination in later years are much greater, except when the

primary vaccination has been done in infancy.

The great increase in air travel has also increased the risk of smallpox being brought into the country, as a case may be infected in, say, Egypt or India, and be here before the onset of the disease, whereas previously, by surface transport, the time involved in the journey ensured that the disease became apparent before landing in the United Kingdom.

# Diphtheria

There were no cases reported in 1960.

Immunisation against Diphtheria

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

Number of children who completed a full course for Primary Immunisation in the Authorities' Area (including temporary residents) in 1960:—

Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to a complete full course):—

Age at date of final injection:

Under 5 5-15 Total 2,308 118 2,426 1538

Number of births registered for the same area ... 2,461
Primary immunisation rate per 100 births ... 98.58

The numbers shown above include 1,590 children who received primary combined Whooping Cough—Diphtheria immunisation injections and 460 children who received reinforcing combined injections.

Whooping Cough

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

Number of children who completed a full course of Primary Immunisation in the Authorities' Area (including temporary residents) in 1960:—

Age at date of final injection:

Under 5 5-15 Total 2,124 52 2,176

These figures include 1,590 children who received a primary immunisation with a combined Whooping Cough-Diphtheria vaccine.

Several cases of Whooping Cough have occurred in children who have been immunised, but all such cases have been very mild indeed. We do not claim that whooping cough immunisation prevents whooping cough to anything like the extent that diphtheria immunisation prevents diphtheria, but it will prevent altogether the disease in most cases and, in others, turn what is a very long, distressing and sometimes fatal disease into what could fairly be called a "Minor Ailment".

It is very pleasing to be able to report that the percentage of children immunised against whooping cough and diphtheria is so high. In fact they may be slightly higher in that Harpenden figures, for instance, show over a 100% of babies born were immunised. This is obviously impossible and arises in that the postal address of many children immunised in Harpenden is given as Harpenden, but who in fact reside outside Harpenden Urban District.

# **Programme of Protective Inoculations**

The following programme of inoculations has been recommended:—

Age 2-6 months	Visit 1 2 3	Vaccine Triple (diphtheria, tetanus, pertussis) Smallpox some time during the first 5 years	Inj. 1 2 3	Interval 4 weeks or more 4 weeks or more
7-10 months	4 5	Poliomyelitis	4 5	4 weeks or more
15-18 months School entry	6	Triple (diphtheria, tetanus, pertussis) Poliomyelitis* Diphtheria and tetanus	6 7 8	Same visit
8-9 years	8	Diphtheria and tetanus Smallpox (re-vaccination)	9	Same visit
10-15 years	9	B.C.G.	10	

<sup>\*</sup> There is no doubt that a fourth dose of poliomyelitis vaccine will be necessary, but the exact timing of this dose has not yet been decided.

We are now using a combined vaccine giving protection against whooping cough, diphtheria and tetanus. Tetanus is a very, very rare disease but unfortunately it is almost essential for any doctor in hospital dealing with accident cases to give anti-tetanic serum (not vaccine, it takes too long to act) in all cases where there are wounds. Now if this patient has had other sera the giving of anti-tetanic serum can cause very serious trouble, in fact it has caused death due to Anaphylaxis. Now if the patient has been immunised against tetanus by vaccine it is definitely unnecessary to give anti-tetanic serum but it is most important, therefore, that all patients who have

had vaccination against tetanus should carry on them at all times, the card showing when this was done. The patient may not be conscious when he arrives in hospital and cannot tell the doctor that he is immunised against tetanus and in any case his history is not always reliable. It has even been seriously suggested, and there is something in it, that all patients who have received tetanus vaccination should have the letter T tattooed on the buttock.

# Poliomyelitis Vaccine

The only contraindications considered to be valid at present are the same as those applying to the other types of immunising procedures, viz., acute or intercurrent illness, poor or indifferent general health, acute constitutional disturbance, etc. If a child is to have tonsils or adenoids removed and is also due for the vaccine, it should be given at least two weeks before the operation if possible, in the hope that the child may develop some immunity.

In April 1961, the Ministry of Health announced on the wireless and in the Daily Papers, that it was advisable for all children, aged from 5 to 11, to have a 4th injection of poliomyelitis vaccine. No prior intimation was sent out to Health Authorities and the first day after the Minister's announcement we received many enquiries regarding this and had no official knowledge of it. Personally, I did not happen to hear the B.B.C. announcement on the 6 o'clock news, nor did I see the announcement in the papers until the afternoon.

A vaccine is being developed which is taken by mouth and is apparently very effective. It has been used on a very large scale in the United States of America and Russia and to a limited extent in this country, but only so far where an epidemic of poliomyelitis has broken out. Work on this vaccine has been going on for several years but until recently we were doubtful whether the vaccine, after being swallowed, would not through passage through the host become virulent. Unlike the Salk vaccine it is a living vaccine but so attenuated that does not produce actual cases of poliomyelitis.

The possibility of being able to combine poliomyelitis vaccine with the present triple vaccine against diphtheria, whooping cough and tetanus is under careful consideration. The difficulty will probably be in timing; it is very essential that the whooping cough vaccine should be given as early as possible, best before the age of 3 months, but poliomyelitis vaccine is generally rather ineffective before the age of 6 months.

# **B.C.G.** Vaccine

If this vaccine is to be—or has been—given to a young child contact, there should be no immunising injections within six weeks before or after the B.C.G. vaccine.

# APPENDIX FACTORIES ACTS, 1937 to 1959

# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1960 FOR THE RURAL DISTRICT OF ST. ALBANS IN THE COUNTY OF HERTFORDSHIRE

Prescribed Particulars on the Administration of the Factories Act, 1937

### PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health including inspections made by Public Health Inspectors):—

	Premises	Number	N	Number of	
	Tiennises	Register	Inspections		Occupiers prosecuted
(i)	Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local				
	Authorities	6	1	1	- 11 s
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local				
(iii)	Authority Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers'	60	26	3	
	premises)	3	-	4-	-
	TOTAL	69	27	4	

Cases in which DEFECTS were found:—
 (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

Particulars		mber of case wer	re found Refe To H.M.	rred	Number of cases in which prosecutions were instituted
Want of cleanliness					
(S.1)	_	_	_	_	_
Overcrowding (S.2) .	_	_	_	_	_
Unreasonable tem-					
perature (S.3)	-	_	_	832	_
Inadequate ventila-					
tion (S.4)	-	_	_	_	_
Ineffective drainage					
of floors (S.6)	-	_	_	-	_
Sanitary conveniences					
(S.7):					
(a) Insufficient	2	_	_	_	
(b) Unsuitable or					
defective	1	1		_	-
(c) Not separate for sexes	_	_			
Other offences against the Act (not in- cluding offences relating to Out- work)					
TOTAL	-				
TOTALS	3	1			_

PART VIII OF THE ACT

# Outwork (Sections 110 and 111)

	Suc															
	Prosecutions	1	1	1	1	1	1	1	1	1	1		1	-	1	1
Section 111	Notices	1	-	1	1	1	1	-	-	-	-		1	1	1	1 88
	Number of instances of work in unwholesome premises	1	1	1	1	-	1	-	1	-	1		-	-	-	1
	Number of prosecutions for failure to supply lists	1	1	1	1	1	1	1	1	1	-		-	1	1	
Section 110	Number of cases of default in sending lists to the Council	1	1	1	1	1	1	1	1	1	!		1	1	1	1
	Number of outworkers in August list required by Section 110 (1)(c)	1	1	1	1	1	1	1	1	1	1		1	1	1	1
	Nature of Work	Wearing apparel (Making, etc., Cleaning and Washing)	Household linen	Lace, lace curtains and nets	Curtains and furniture hangings	Furniture and upholstery	Electro-plate	File making	Brass and brass articles	Fur pulling	Iron and steel cables and chains	Iron and steel anchors and	grapnels	Cart gear	Locks, latches and keys	Umbrellas, etc

											1	1		1	1		1	1 1	
1							1									-	1	1	1
				ı	Ī		1	1	1		1	1	1	I		-	1	1	1
1	1	1	1	1	1		1	1	1	1	1	1	1	1		i		1	1
- 1	1	-	1	1	1		1	1	1	1	1	1	1	1		1	1	1	1
1	1	1	1	1	1		1	1	1	1	1	1	1	1		1	1	1	-
Artificial flowers	Nets, other than wire nets	Tents	Sacks	Racquet and tennis balls	Paper bags	The making of boxes or other receptacles or parts thereof made wholly or partially of	paper	Brush making	Pea picking	Feather sorting	Carding, etc., of buttons, etc	Stuffed toys	Basket making	Chocolate and sweetmeats	Cosaques, Christmas stockings,	etc	Textile weaving	Lampshades	TOTALS

# REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

Council Offices, 43 Upper Lattimore Road, St. Albans. April, 1961.

Mr. Chairman, Ladies and Gentlemen,
I have much pleasure in presenting my report for the year
1960.

# WATER SUPPLIES

The water supplies of the area continued to receive close attention and a total of twenty samples were sent to the Public Health Service Laboratory at Luton for bacteriological examination.

All the dwelling houses in the district have a piped water supply

with the exception of 187.

Of the 187 dwelling houses without a piped water supply 185 take their supplies from private bores or wells, but the remaining 2 have not, within a reasonable distance, a supply of wholesome water sufficient for the domestic purposes of the occupants. These 187 dwelling houses are located as follows:—

		With Wells or Bores	No Supply
Harpenden Rural	 	12	-
Redbourn	 	28	_
Wheathampstead	 	34	_
Sandridge	 	43	-
Colney Heath	 	21	_
London Colney	 	2	_
St. Stephen's	 	40	_
St. Michael's	 • • • •	5	2
		185	2

# SWIMMING BATHS

There are two swimming baths not under the Council's management which are open to the public and in respect of which a charge is made for admission. Under an arrangement between the Education Authority and the Proprietors, they are used extensively by the schools. At each the system of continuous circulation and purification of the water is operated. Close supervision was exercised throughout the season, and a total of 70 samples of the waters were sent to the Public Health Laboratory at Luton for bacteriological examination.

# SEWERAGE AND SEWAGE DISPOSAL

I am indebted to H. Wilkinson, Esq., F.R.I.C.S., M.I.Mu.E., M.R. San.I., the Council's Engineer and Surveyor, for the following note on sewerage and sewage disposal in the district:

The principal centres of population in the District are served by public sewers, of which there are approximately 52 miles, ranging in diameter from 6in: to 15in. The areas still lacking main drainage facilities are the more remote communities where the distance from existing sewers and/or the topography of the land renders the provision of a sewerage system more difficult.

A sewerage scheme has been prepared which will extend the public sewer to an outlying area, viz. Marshalls Heath, Mackerye End and Gustard Wood Common. This extension will serve 78 premises, connected with which there are 51 cesspools and 10 night soil pails. Some further housing development is expected to take place in the area so that the value of this sewer will be increased in the future.

Sewers in the parishes of Colney Heath, St. Stephen, Sandridge and Redbourn are connected to the West Hertfordshire Main Drainage Authority's sewers and the sewage thereby conveyed to the Authority's disposal works at Maple Cross. There are approximately 13 miles of the Authority's trunk sewers laid within the Rural District and a number of isolated properties situated adjacent to them have direct connections.

By agreement with the Harpenden Urban District Council, sewers in the parish of Harpenden Rural are connected to the Urban District Council's sewers.

The Council's disposal works at Wheathampstead receives the sewage from the parish of Wheathampstead. The quality of the effluent from this works has to be of an exceptionally high standard in order to comply with the stringent conditions imposed by the River Lee Conservancy Catchment Board.

A small maintenance gang which travels in a specially equipped van is engaged full time in cleansing sewers, and serious blockages are very rare since this gang came into being. The lengths of sewer most likely to become blocked are those adjacent to manholes into which the contents of cesspools are discharged, and these lengths receive special attention,

### HOUSING

1.	Number of representations m Authority with a view to the m or closing orders	aking of			28
2.	Number of demolition or closing	orders m	nade:		
	<ul><li>(a) Demolition orders</li><li>(b) Closing orders—</li></ul>				12
	Whole premises		B		8
	Part premises			0190	-
3.	Number of houses demolished				10

# COUNCIL HOUSES

Statistics prepared by Miss Sharpe, the Council's Housing Officer, are shown in Appendix I.

# NUISANCES

Two hundred and twenty-one complaints of alleged nuisances were received and suitable action taken.

# WASPS

The Council undertake the destruction of wasps' nests without charge. In the 1960 season a total of 152 nests were destroyed.

# RODENT CONTROL

Statistics in respect of rodent control work for the year ended

31st December, 1960 are shown in Appendix II.

The Council operate a rat contract service in respect of agricultural and industrial premises. At the 31st December 1960 the number of current contracts was twenty-one and their total annual value was £189 0s. 8d.

# REGISTRATIONS UNDER SECTION 16 OF THE FOOD AND DRUG ACT, 1955

Sixty-four premises are registered in connection with the manufacture and sale of ice-cream and preserved food, etc. Of these fifty-four are registered for the sale of ice cream and one is registered for both the manufacture and sale of ice cream.

From the figures in Appendix III of this report, it will be noted that the total number of food premises in the district is 203.

# MILK

Under the Milk (Special Designation) (Raw Milk) Regulations, 1949 four dealers licences and eight supplementary licences were issued authorising the use of the Special Designation "Tuberculin Tested".

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 seven dealers licences and seven supplementary licences were issued authorising the use of the Special Designation "Pasteurised" and eight dealers licences were issued authorising the use of the Special Designation "Sterilised".

Under the Milk (Special Designation) Regulations, 1960 the issuing of licences on and after 1st January 1961 for Designated Milks shall be the responsibility of the Food and Drugs Authority for the area.

# WATERCRESS

There are two watercress beds in use in the district, namely, one in the Parish of Wheathampstead and one in the Parish of Redbourn. The growers concerned have made arrangements for the treatment of the cut cress before despatching to market.

# MEAT INSPECTION

The slaughter of cattle, calves, sheep and pigs for human consumption is carried out at three licensed slaughterhouses and details of the total number of animals slaughtered thereat during the year and of the condemnations are given in Appendix IV. A one hundred per cent inspection was maintained throughout.

I am indebted to Mr. R. E. C. Goddard, Chief Public Health Inspector, City of St. Albans and his staff for co-operating in these duties.

The slaughter of horses for human consumption is carried out at a licensed slaughterhouse at London Colney.

# PUBLIC CLEANSING

Public Cleansing is by direct labour. The work includes domestic refuse collection, trade refuse collection, the collection of bulky refuse of a domestic nature, the collection of nightsoil and the cleansing of cesspools.

# Refuse Collection and Disposal

Refuse collection is carried out by four teams of collectors. Three of these operate with three 25-cubic yard Dennis Paxit Major Vehicles in the more built-up parts of the district and the remaining team, using a Dennis Barrier-Loading vehicle or a 10-cubic yard Side Loading Vehicle as circumstances allow, cover the more sparsely populated parts of the district.

Reserve vehicles are maintained to permit of regular servicing and to meet emergencies.

An incentive bonus scheme, first introduced on the 13th June, 1955, operated successfully throughout the year and has been a prime factor in holding the necessary labour force and has ensured that each vehicle has been employed with maximum effect. At the beginning of the year a collection was being made from 10,130 premises but owing to building development this had increased to 10,540 at the end of the year. In the case of 30 of the 10,540 premises the collections, by arrangement, were on a fortnightly basis; in the case of three large hospitals the collections were made twice-weekly, but in respect of all other premises a once-weekly collection was maintained. All refuse is disposed of in the controlled tips operated by Messrs. Inns & Co., at North Orbital Road, Colney Heath and at Moor Mill, Colney Street.

# Collection of Trade Refuse

A scheme for the collection of trade refuse is operated. The main provisions of the scheme are as follows:—

- A weekly collection of domestic refuse from trade premises shall be maintained but not more than one bin per collection shall be removed by the collector of domestic refuse.
- A separate collection of trade refuse shall be made on the basis of a weekly collection or at such other required intervals as circumstances may suggest.
- 3. The trader shall place his trade refuse in bins or in compact units, each unit not to exceed the normal bin equivalent.
- 4. The charge shall be at the rate of 1/- per bin or bin equivalent.

A collection of trade refuse is made from 40 premises and the total number of bins or bin equivalents collected in the year ended 31st December, 1960 was 4,492.

# Collection of Bulky Refuse

Frequently householders desire to dispense with old, bulky articles such as beds, mattresses, perambulators, tricycles, bicycles, etc., and experience considerable difficulty in disposing of them. The Council, upon request, make a special collection of such articles and no charge is made for the service. It is linked to the task of trade refuse collection and so it is normal for all requests for the service to be satisfied within a week of the request being received. It is a service which is much appreciated and it is believed also that it is making a very practical contribution towards the prevention of infringements of the Litter Act.

# **Nightsoil Collection**

Nightsoil emptying equipment is fitted to one of our Dennis Cesspool Emptiers. The work of nightsoil collection is carried out during normal daylight working hours by one man who is paid a plus rate of 1/- per hour in respect of the hours engaged thereon. Pails are cleansed at 49 houses. This figure shows a reduction of 11 or 22.5 per cent compared with the figure at 31st December, 1959.

# Cleansing of Cesspools and the Disposal of Cesspool Contents

As will be noted from the statistical Table in Appendix V the number of cesspools which were being cleansed by the Council at the 31st December, 1960 was 472 which shows a slight reduction from the number at 31st December, 1959.

The loads totalled 4,000 as follows:

# ST. ALBANS RURAL DISTRICT:

From Cesspools cleansed on request From Cesspools cleansed at regular	2,991	loads
intervals	890	,,
HARPENDEN URBAN DISTRICT	119	,,
	4,000	,,

With few exceptions cesspool contents are discharged into sewers.

I am,

Your obedient Servant,

DAVID J. GRAHAM,

Senior Public Health Inspector.

APPENDIX I

I am indebted to Miss C. I. Sharpe, the Council's Housing Officer, for the following

# HOUSING STATISTICS

HOUSING UARY 1st	Number of families rehoused in 1960	42	7	=	16	9	11 8	1	T	3	1	- 6
CRESS FROM JANUARY 1st TO DECEMBER 31st, 1960	Number of properties vacated in 1960 other than by transfer	14*	5	9	9	3	7		1	1		41
ANALYSIS PROGRESS TO DE	New houses completed in 1960	56	Nii	Nil	IZ	Nil	Nil	II.N	Nil	Nil	Nil	95
OF THE	TOTAL	578	386	232	250	184	299	16	14	1	3	1,962
CONTROL R, 1960	Acquired	7	1				4	-	-	1	3	6
DECEMBEI	Post-war houses	476	258	198	142	130	205	1	14	1	-	1,423
RTIES UNIL AT 31st	Pre-war houses	100	128	34	108	54	06	16	1	1	1	530
ROPI		:	:	:	:	:	:	:	:	:	:	:
NUMBER OF PROPERTIES UNDER THE CONTROL OF THE COUNCIL AT 31st DECEMBER, 1960	PARISH	London Colney	Redbourn	St. Stephens	Colney Heath	Sandridge	Wheathampstead	St. Michaels	Harpenden U.D.C.	Harpenden Rural	Area	TOTALS .
Z		Lond	Redb	St. S	Colne	Sand	Whea	St. M	Harp	Harp	City Area	

\* This includes an acquired property, 195 High Street, London Colney.

RODENT CONTROL

# Year ended 31st December, 1960

	Local Authority	Dwelling Houses	Agricultural	All other (incl. business	TOTAL
The state of the s	(1)	(2)	(3)	premises) (4)	(5)
Total number of properties in Local Authority's district	4	10,205	211	269	10,689
2. Number of properties inspected by the Local Authority during the year ended 31st December, 1960 as a result of:—					
(a) Notification	1	254	1	17	271
(b) Survey under the Prevention of Damage by Pests Act, 1949	4	34	117	43	198
(c) Otherwise, e.g. when visited pri- marily for some other purpose	1	200		70	270
3. Number of properties inspected (see Section 2) which were found to be infested by rats	2	214	22	24	262
Number of properties inspected (see Section 2) which were found to be infested by mice		27		V)	32
5. Number of infested properties (see Section 3 and 4) treated by the Local Authority	2	241	20	18	281

# APPENDIX III

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CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART FOR THE YEAR 1960

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# APPENDIX V

STATISTICS REGARDING CESSPOOLS IN THE DISTRICT

1960
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PARISH		Number cleansed Number cleansed on request at regular intervals	I Totals (the figures in brackets indicate the number at the 31st December, 1959)	Cesspools already included in column 4 but in respect of which a charge is made for all cleansing because they are within 100 feet of a sewer
St. Stephens	:	63	63 (67)	9
London Colney	:	5	5 (6)	1
St. Michaels	:	63 2	65 (64)	1
Sandridge	:	30 1	31 (28)	-
Redbourn	:		(69) 59	1
Harpenden Rural	:	24 —	24 (30)	1
Wheathampstead	:	172 3	175 (172)	1 /
Colney Heath	:	40 4	44 (43)	3
TOTALS .	:	462 10	472 (479)	11





